

PTO/SB/01 (03-01)

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DECLARATION FOR UTILITY, DESIGN, DIVISIONAL AND CONTINUATION-IN-PART PATENT APPLICATIONS (37 CFR 1.63)	Express Mail No.	EV 388209409 US
	Attorney Docket Number	45251-46701
	First Named Inventor	Kurpie, William M.
	COMPLETE IF KNOWN	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	Application Number	to be assigned
<input type="checkbox"/> Supplemental Declaration Submitted	Filing Date	Herewith
<input type="checkbox"/> Declaration Submitted for Continuation-In-Part Filing	Group Art Unit	To be assigned
<input type="checkbox"/> Declaration Submitted for Divisional Filing	Examiner Name	To be assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Multi-Use Floor Sign

(Title of the invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

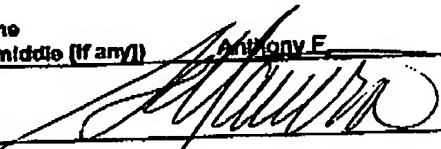
(Page 1 of 2)

1721566Burdan Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Express Mail #
EV 388209409 USPTO/SB/01 (03-01)
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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☒ Customer Number or Bar Code Label **021888** OR ☐ Correspondence address belowName **Robert L. Villhard**Address **Thompson Coburn LLP, One US Bank Plaza, Suite 3500**City **St. Louis** State **MO** ZIP **63101-9928**Country **USA** Telephone **314-552-6293** Fax **314-552-7293**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.


NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventorGiven Name (first and middle (if any)) **William M.** Family Name or Surname **Kurpie**Inventor's Signature Date **3/18/04**Residence: City **St. Charles** State **MO** Country **USA** Citizenship **USA**Mailing Address **12 Lake Forest Court West**City **St. Charles** State **MO** ZIP **63301** Country **USA**NAME OF SECOND INVENTOR : ☐ A petition has been filed for this unsigned inventorGiven Name (first and middle (if any)) **Anthony E.** Family Name or Surname **Maiuro**Inventor's Signature Date **3/18/04**Residence: City **St. Charles** State **MO** Country **USA** Citizenship **USA**Mailing Address **815 Boschert Drive**City **St. Charles** State **MO** ZIP **63301** Country **USA**

(Page 2 of 3)

NAME OF THIRD INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Thomas		Family Name or Surname Burns	
Inventor's Signature <i>Thomas D. Burns</i>		Date <i>8/18/04</i>	
Residence: City Chesterfield	State MO	Country USA	Citizenship USA
Mailing Address 17828 Greyabbey Court			
City Chesterfield	State MO	ZIP 63005	Country USA
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

[Page 3 of 3]

PTO/SB/81 (02-01)

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Express Mail No. EV 388209409 US

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	To be assigned
Filing Date	herewith
First Named Inventor	Kurple, William M.
Title	Multi-Use Floor Sign
Group Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	45251-46701

I hereby appoint:

☒ Practitioners at Customer Number

OR

☐ Practitioner(s) named below:

021888 →

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Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

☐ Firm or
Individual Name

Address

Thompson Coburn LLP

Address

One US Bank Plaza

City

St. Louis

State

MO

Zip

63101-8928

Country

USA

Telephone

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Fax

314-552-7000

I am the:

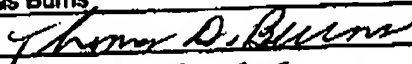
☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Thomas Burns

Signature




Date

3-18-04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 3 form is submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22315-1460.

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Express Mail No. EV 388209409 US

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	To be assigned
Filing Date	herewith
First Named Inventor	Kurple, William M.
Title	Multi-Use Floor Sign
Group Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	45251-48701

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

☐ Firm or
Individual Name

Address	Thompson Coburn LLP		
Address	One US Bank Plaza		
City	St. Louis	State	MO
Country	USA	Zip	63101-9928
Telephone	(314) 552-6000	Fax	314-552-7000

I am the:

- ☒ Applicant/Inventor.
☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/66).

SIGNATURE of Applicant or Assignee of Record

Name William M. Kurple

Signature 

Date 3-18-04

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I hereby appoint:

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Address				Thompson Coburn LLP		
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City		St. Louis	State	MO	Zip	63101-9928
Country		USA				
Telephone		(314) 552-6000	Fax	314-552-7000		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).**SIGNATURE of Applicant or Assignee of Record**

Name Anthony F. Majuro

Signature 

Date 3/18/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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